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CONFIRMATION NO. 1116

<b>SERIAL NUMBER</b> 10/780,321	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> A-64360-2/TAL/NHT
<b>APPLICANTS</b> Roland Buelow, Palo Alto, CA; Gerard Grassy, Perols, FRANCE; Bernard Calas, Montpellier, FRANCE; <i>OK / mtd</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/028,083 02/23/1998 PAT 6,696,545 which is a CIP of 08/838,916 04/11/1997 ABN <i>OK / mtd</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE / mtd</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/08/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 32940				
<b>TITLE</b> Cytomodulating lipophilic peptides for modulating immune system activity and inhibiting inflammation				
<b>FILING FEE RECEIVED</b> 5060	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	